

ISF043

C 8/31/98

R 11/02



INTEGRATED STATEWIDE INFORMATION SYSTEMS AGENCY CONTACT SETUP/CHANGE FORM

ORGANIZATION NAME: _____ **DEPT. NO:** _____

ISIS AGENCY CONTACT INFORMATION:

Name: _____

Title: _____

Signature: _____

Mailing Address: _____

Messenger Mail: _____

____ Yes ____ No

E-mail Address: _____ Home Agency No: _____

Telephone Number: _____ FAX: _____

AGENCY(S) RESPONSIBLE FOR:

AGY #	AGENCY NAME	TRAINING	SECURITY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Liaison Signature: _____ **Date:** _____

For information concerning submission of completed forms: <http://www.doa.state.la.us/OSIS/Forms/submission.htm>